Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) | | SMALL ENTITY TYPE TYPE | | | OR | OTHER THAN SMALL ENTITY | |
|---|---|------------------------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS 5+ | | | RATE | FEE | | RATE | FEE |
| FOR NUMBER FIL | ED NUME | BER EXTRA | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS 102 minus | s 20= * { | 38 | X\$ 9= | 738 | OR | X\$18= | |
| INDEPENDENT CLAIMS 4 minus 3 = | | 38 | X42= | 15% | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +140= | 140 | OR | +280= | |
| * If the difference in column 1 is less than zero, enter | | column 2 | TOTAL | 2909 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) | | (Column 3) | SMALL E | | OR | OTHER SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT Total * Minus Independent * Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| Independent * Minus | *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPE | NDENT CLAIN | | +140= | | OR | +280= | |
| | | | TOTAL | | | TOTAL | · |
| (Column 1) | (Column 2) | (Column 3) | ADDIT. FEE | | JOH 7 | ADDIT. FEE | |
| CLAIMS REMAINING AFTER AMENDMENT Total * Minus Independent * Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| Independent * Minus | *** | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPE | NDENT CLAIM | 1 | +140= | | OR | +280= | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) | (Column 2) | (Column 3) | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total * Minus Independent * Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| Independent * Minus | *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPE | NDENT CLAIN | <i>A</i> | | , · · · · · | | | |
| * If the entry in column 1 is less than the entry in column | n 2, write "0" in c | olumn 3. | +140= TOTAL | | OR | +280≃ TOTAL | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | L |